

ORIGINAL

VINCENT DOLOAN#900-10-00500
18-18 HAZEN STREET
EASTELMHURST NEW YORK,11370

FILED

INCL. OFFICE
U.S. DISTRICT COURT E.D.N.Y.

AMON, J.

★ MAY 21 2010 ★

CV 10 - 2382

DEAR SIR/MADAM
POHORELSKY, M.J.
BROOKLYN OFFICE

The reason that I am writing this office, is to file a complaint against the Department of Corrections, and also Officer Wilson#3037 of A.M.K.C (C-95)Q-L-13.

That on the 14th of May at approx. 7:11pm, Sick call was announced I then stated that I would like to go being that I already had signed up for sick call the night before.

At this time Officer Wilson then stated "that I was dead" I further explained that I have stage 3 bladder cancer which is terminal Officer Wilson then stated "yeah so what".

Due to this situation I wound up suffering from a urine infection which caused more unneeded pain than I was already experiencing.

Please rectify this situation for Me.

RESPECTFULLY SUBMITTED


VINCENT DOLOAN#900-10-00500

ORIGINAL



CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
VINCENT DOLAN#900-10-00500
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND
YES ☒ NO ☐

-against-

OFFICER WILSON#3037
DEPT. OF CORRECTIONS

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.
-----X

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: N/A

4. Name of the Judge to whom case was assigned: 11/04

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: N/A

A. Is there a prisoner grievance procedure in this institution? Yes (x) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (x) No ()

C. If your answer is YES,

1. What steps did you take? Filed a grievance (see attached)

2. What was the result? Stated that it was not a grievable issue

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (x) No ()

F. If your answer is YES,

1. What steps did you take? complained about dissicion and was told to fiel a cpmplant with the inspector generals office

2. What was the result? recived no annswer

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff VINCENT DOLAN#900-10-00500
Address 18-18HAZEN STREET EAST ELMHURST NEW YORK, 11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

OFFICER WILSON#3037
HOME ADDRESS UNKNOWN(WORK ADDRESS
18-18HAZEN STREET EAST ELMHURST NY, 11370

Defendant No. 2

N/A

Defendant No. 3

N/A

Defendant No. 4

N/A

Defendant No. 5

N/A

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

SEE EXHIBIT A

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

SEE EXHIBIT A ALSO

At this present time I am on medication to combat My blader infection

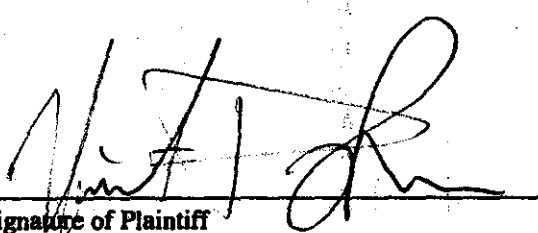
V. Relief:

State what relief you are seeking if you prevail on your complaint.

Moneytary dammages in the amount of \$5,000,000,000.

I declare under penalty of perjury that on 5/19/10, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 19 day of may, 2010. I declare under penalty of
perjury that the foregoing is true and correct.


Signature of Plaintiff

A.M.K.C(C-95)

Name of Prison Facility

1818 HAZEN STREET

EAST ELMHURST NEW YORK, 11370

Address

900-10-00500

Prisoner ID#

VINCENT DOLAN#900-10-00500
18-18HAZEN STREET
EASTELMHURST NEW YORK,11370

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
PRO SE OFFICE
US COURT HOUSE
225-CADMAN PLAZA EAST
BROOKLYN NEW YORK,11201

Dear Sir/Madam,

The reason that I am sending your office this letter is to let your office know that I exhausted all previous forms of remedy to resolve this matter.

Attatched is also a copy of the response from the greivance commity that I recived along with a copy of the orignal grevance.

Also enclosed is a copy of the letter that i have written to the ATTORNEY GENERAL'S OFFICE. At the current time of Me writing this letter to your office I have still not recived a response.

Sworn before me
on this _____ day of _____, 2010

NOTARY PUBLIC

RESPECTFULLY SUBMITTED


VINCENT DOLAN#900-10-00500

EXHIBIT

A

GRIEVANT'S STATEMENT FORM

FACILITY: **ANNA M. KROSS CENTER (AMKC)** GRIEVANCE# _____

GRIEVANT'S NAME Vincent Dolan B&C 900-10-00500

CATEGORY _____ HOUSING AREA 013L -5cell DATE 5-14-10

All grievances must be submitted within 10 business days of incident and should be handwritten by the grievant only. This sheet should be used as a worksheet from which the grievance is typed onto the "Inmate Grievance Form" and remains filed in the Grievant's folder.

Grievance: A approx. 7:11pm in Q13 Lower sick call was announed, I stated to Officer Wilson #3037 that I need to go to sick call, at this time she stated " that I was dead." I further explained that I have stage three cancer which is terminal. She stated "yeah so what" [See Attach]

Receipt # _____

Action Requested: To receive a letter of appolige from Officer Wilson, along with a better policy but into effect when it comes to calling sick call

Have you filed this grievance with any other Agency or Court? _____ Yes _____ No

Have you filed this grievance with the Inspector General's Office? _____ Yes _____ No

_____ Grievant agrees to have his/her statement edited for clarification by IGRC Staff.

_____ I am requesting that the grievance be written for me by the IGRC staff.

Dated: _____, 2008

Grievant's Signature

Witnessed By

Due to this Officer unprofessional conduct I was force to suffer more pain and uncomforable condition then usual.